

## HISTORY FACILITY PROFILE

HEALTHSOUTH HOME CARE  
8074 SOUTH 1300 EAST  
SANDY UT 84094  
STATE'S REGION CODE: 001

PROVIDER #: 467077  
PHONE NUMBER: (801) 565-6687  
PARTICIPATION DATE: 04/13/1994

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: HOSPITAL BASED P  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

## CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
03/1995	01/1996	11/1997	11/22/2000	

## PROGRAM REQUIREMENTS

X	X	STD	G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA
		STD	G0161-ORDERS FOR THERAPY SERVICES INCLUDE PROCEDURES, MODALITIE

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	0	1	1	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	1	1	0

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

## COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT